

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

ATTORNEY DOCKET NO.

11669.0266USU2

U.S. APPLICATION SERIAL NO.

08/948,149

CONFIRMATION NO.

6683

FILING DATE

October 9, 1997

INVENTOR(S)

Brian FENDLY et al.

EXAMINER

R. Swartz

GROUP ART UNIT

1645

TITLE OF APPLICATION

ANTI-ErbB2 Antibodies

ADDRESS TO:

Mail Stop RCE

Commissioner for Patents

P.O. BOX 1450

ALEXANDRIA, VA 22313-1450

This is a Request for Continued Examination under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted. If a final office action is outstanding, any amendments filed after the final office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- ii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment
- ii. ☐ Request for Reconsideration
- iii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Information Disclosure Statement (IDS)
- v. ☐ Other _____

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03 FC:1254 1590.00 DA

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).
- b. ☐ Other _____

3. Other Enclosures

- a. ☒ Fee Transmittal (In Duplicate)
- b. ☒ Request for Extension of Time for 4 months (In Duplicate)
- c. ☐ Other _____

4. Fees The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. 13-2725. A fee transmittal sheet in duplicate is enclosed.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ A check in the amount of _____ enclosed.
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

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01 FC:1801 790.00 DA
02 FC:1201 200.00 DA**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information on PTO-2038.****CORRESPONDENCE ADDRESS**☒ The address associated with Customer Number: **23552** OR ☐ correspondence address below

Name

Address

City

State

Zip Code

NAME

Steven B. Kelber

REGISTRATION NO. 30,073

SIGNATURE



DATE

March 1, 2006

TELEPHONE

202 326-0300

NAME

Dawn Gardner Krosnick

REGISTRATION NO. 44,118